

PATENT

Att'y Docket No. ROC920030366US1(IBM/288)

Confirmation No. 7130

CERTIFICATE OF ELECTRONIC TRANSMISSION

I hereby certify that this correspondence for Application No. 10/754,010 is being electronically transmitted to Technology Center 2167, via EFS-WEB, on October 27, 2006.

/Scott A. Stinebruner/

October 27, 2006

Scott A. Stinebruner, Reg. No. 38,323

Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Paul Reuben Day et al.

Art Unit: 2167

Application No.: 10/754,010

Examiner: Kimberly M. Lovel

Filed: January 8, 2004

For: METHOD AND SYSTEM FOR A SELF-HEALING QUERY ACCESS PLAN

Mail Stop AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. **Transmitted herewith is an Amendment After Non-Final Rejection.**
2. Small Entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
 Enclosed is a verified statement to establish Small Entity status
 Other than a Small Entity

3. The fee has been calculated as shown below:

CALCULATION OF FEES

Fee:	Number of Claims After Amendment:		Previously Paid For:	No. Extra:	At Rate:	Amount:
Total Claims	17	minus	21	0	\$50	\$0.00
Independent Claims	6	minus	6	0	\$200	\$0.00
MULTIPLE DEPENDENT CLAIM FEE					\$360	\$0.00
TOTAL FEE FOR CLAIMS:						\$0.00

No additional fee for claims is required.

4. Attached is a check in the sum of \$_____ for additional claims.
 Please charge my Deposit Account No. 23-3000 in the amount of \$_____.
 Please charge Credit Card per Electronic Patent Application Fee Transmittal attached.

5. **The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Complete (a) or (b) as applicable.**

(a) Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

<u>Ext. Mos.</u>	<u>Large entity</u>	<u>Small entity</u>
<input type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input type="checkbox"/> two months	\$ 450.00	\$ 225.00
<input type="checkbox"/> three months	\$1,020.00	\$ 510.00
<input type="checkbox"/> four months	\$1,590.00	\$ 795.00
<input type="checkbox"/> five months	\$2,160.00	\$1,080.00

Extension fee due with this request: \$ _____

Method of Payment: Check enclosed in the amount of \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension for ____ months has already been secured and the fee paid thereof of \$____ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$____.

OR

(b) **Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.**

6. **If any additional fee for claims or extension of time is required, charge Account No. 23-3000.**

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

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By: /Scott A. Stinebruner/
Scott A. Stinebruner
Reg. No. 38,323

Enclosed:

Transmittal containing Certificate of Electronic Transmission (2 pages)
Amendment After Non-Final Rejection (12 pages)